

PROOF 1

Job No. 84687	Front Colors	Back Colors	Roll Direction
Date 04/05/2021	Yellow 123	-	
Customer True North	Rep AH Art JW	Blue 541	
Description ACC37 Dental Treatment + Tax Invoice		Black	
Stock White CB	Size (mm) 225 x 297		
Part No. 1	Numbered Yes - 6 digits Prefix J	Page 1/3	

Proof Approved Re-proof required

Date Approved _____ Approved By _____ Signature _____
Please return this proof ASAP. Every care is taken to avoid errors.
This proof is supplied on the basis that the client will thoroughly check for grammar, spelling, colour separations, measurements, special features and technical specifications. Once approved by the purchaser, the Company will not be liable for any errors.
This proof is intended for checking only and does not show the quality of the final printing. Unless and until any binding formal contract is entered into between the Company and the Client agreeing to the contrary, all copyright and other intellectual property rights in the work is and remains the property of the Company.

15 mm

210 mm

ACC 37

Dental tax invoice



This form should be completed to request payment for dental treatment provided to patients who have been injured in an accident.

J 123456

ACC42/45 number or claim number: _____

Invoice number: _____

Section 1 – Vendor details

Business or vendor name: _____

Address: _____

GST number: _____ Not GST registered

Date of invoice: DD MM YYYY ACC vendor ID: _____

Section 2 – Client details

New accident? Submit ACC42 if not done already Continuing care of an old injury?

First names: _____

Last name: _____

Home address: Street _____

Suburb _____ City + Postcode _____

Date of birth: DD MM YYYY Date of accident: DD MM YYYY

Section 3 – Service details

Tooth number/ jaw/prosthesis	Service date	Service code	Quantity	ACC regulated amount (incl. GST)	For ACC use
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	

Note: every service is to be listed separately so that abatement may be calculated.

Special comments: _____

ACC purchase order number: (if known) _____

Section 4 – Responsibilities and declaration

The information recorded on this form will be used by ACC to pay you for service(s) you have provided. It may also be used to analyse the treatment and rehabilitation requirements of clients and to detect fraud.

I declare that:

- I am the dental practitioner who carried out the particular clinical service(s) listed above.
- This treatment is for an injury for which I understand the client has cover and is:
 - for the purpose of restoring the client's health to the maximum extent practicable, and
 - necessary and appropriate, and of the quality required, for that purpose.
 - is required to treat the injury-related condition only.
- The information shown on this form is true and correct and I am aware that if I give false or misleading information about the treatment and the claim, I may be prosecuted.

Provider's name: _____ ACC provider ID: _____

Signature: _____ Date: DD MM YYYY

ACC copy. Please return to ► ACC Service Centre,
PO Box 952, Waikato Mail Centre, Hamilton 3240 or PO Box 408, Dunedin 9054

April 2021

297 mm

225 mm

PROOF 1

Job No. 84687	Front Colors	Back Colors	Roll Direction
Date 04/05/2021	Black	-	
Customer True North	Rep AH	Art JW	
Description ACC37 Dental Treatment + Tax Invoice			
Stock White CF	Size (mm) 225 x 297		
Part No. 2	Numbered Yes - 6 digits Prefix J	Page 2/3	

Proof Approved Re-proof required

Date Approved _____ Approved By _____ Signature _____

Please return this proof ASAP. Every care is taken to avoid errors. This proof is supplied on the basis that the client will thoroughly check for grammar, spelling, colour separations, measurements, special features and technical specifications. Once approved by the purchaser, the Company will not be liable for any errors. This proof is intended for checking only and does not show the quality of the final printing. Unless and until any binding formal contract is entered into between the Company and the Client agreeing to the contrary, all copyright and other intellectual property rights in the work is and remains the property of the Company.

15 mm

210 mm

ACC 37

Dental tax invoice



This form should be completed to request payment for dental treatment provided to patients who have been injured in an accident.

J 123456

ACC42/45 number or claim number: _____

Invoice number: _____

Section 1 – Vendor details

Business or vendor name: _____

Address: _____

GST number: _____ Not GST registered

Date of invoice: DD MM YYYY _____ ACC vendor ID: _____

Section 2 – Client details

New accident? Submit ACC42 if not done already Continuing care of an old injury?

First names: _____

Last name: _____

Home address: Street _____

Suburb _____ City + Postcode _____

Date of birth: DD MM YYYY _____ Date of accident: DD MM YYYY _____

Section 3 – Service details

Tooth number/ jaw/prosthesis	Service date	Service code	Quantity	ACC regulated amount (incl. GST)	For ACC use
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	
	/ /			\$.	

Note: every service is to be listed separately so that abatement may be calculated.

Special comments: _____

ACC purchase order number: (if known) _____

Section 4 – Responsibilities and declaration

The information recorded on this form will be used by ACC to pay you for service(s) you have provided. It may also be used to analyse the treatment and rehabilitation requirements of clients and to detect fraud.

I declare that:

- I am the dental practitioner who carried out the particular clinical service(s) listed above.
- This treatment is for an injury for which I understand the client has cover and is:
 - for the purpose of restoring the client's health to the maximum extent practicable, and
 - necessary and appropriate, and of the quality required, for that purpose.
 - is required to treat the injury-related condition only.
- The information shown on this form is true and correct and I am aware that if I give false or misleading information about the treatment and the claim, I may be prosecuted.

Provider's name: _____ ACC provider ID: _____

Signature: _____ Date: DD MM YYYY _____

Dental provider copy. Please keep for your own records.

For help please call 0800 222 070.

April 2021

297 mm

225 mm

PROOF 1

Job No. 84687-1	Front Colors	Back Colors	Roll Direction
Date 04/05/2021	Black	-	
Customer True North	Rep AH	Art JW	
Description ACC37 Dental Treatment + Tax Invoice - Reorder Form			
Stock White Offset	Size (mm) 210 x 297		
Part No. -	Numbered -	Page 3/3	

Proof Approved Re-proof required

Date Approved _____ Approved By _____ Signature _____

Please return this proof ASAP. Every care is taken to avoid errors. This proof is supplied on the basis that the client will thoroughly check for grammar, spelling, colour separations, measurements, special features and technical specifications. Once approved by the purchaser, the Company will not be liable for any errors. This proof is intended for checking only and does not show the quality of the final printing. Unless and until any binding formal contract is entered into between the Company and the Client agreeing to the contrary, all copyright and other intellectual property rights in the work is and remains the property of the Company.



Dental tax invoice

This form should be completed to request payment for dental treatment provided to a patient who has been injured in an accident.



Please call 0800 222 070 if you are not sure whether a claim has been covered by ACC.

Reorder

To reorder please visit us at www.ecos.co.nz

Or

Contact us on 0800 802 444 (please note that there is an additional cost for using this service for ordering).

Contact us

Help Desk: 8am – 5pm Mon – Fri 0800 802 444

Ordering outside the above hours, visit us at www.ecos.co.nz, contact us on 0800 802 444 (leave a message and one of our friendly team will get back to you as soon as possible the next day).

Need help?

Call us on 0800 802 444. If outside of hours, leave a message and one of our friendly team will get back to you as soon as possible the next day).

297 mm

210 mm